

U.S. Representative Mike Rogers 3rd District Alabama **Privacy Release Form for Champus/Tricare/Medicare/FEP Insurance Casework**

Please print or type:

Full Name of Insured: (last)		(first)		(MI)
Street Address:				
City:			Date of Birth	:
Home Phone:	V	Vork Phone:		
Social Security #:	 1	Insurance #:		
Provider of Treatment:			Date of Treatment:	
Pursuant to the Privacy Act of 19 to Congressman Mike Rogers and				
Signature:			Date:/	/
Please Return to: Co	ongressman Mik	e Rogers		

104 Federal Building 1129 Noble Street

Anniston, Alabama 36201